

The Role of Social Support and Age in Emotional Life Adaptation among Widows in the University Setting in Nigeria.

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Abstract

The study investigated the role of social support and age in emotional life adaptation among widows. Two hundred and eighty two subjects comprising 137 widows and 145 non-widows (control group) all drawn from Nigerian Universities participated in the study. The widowed subjects consisted of younger widows (18 – 37 years old) and older widows (40 – 50 years old). They were further classified into high and low social support groups. Based on their scores and the social support questionnaire and the emotional adaptation questionnaire, the hypotheses were tested, non-widows reported significantly superior or have higher level of emotional adaptation than widows. Widows that are low in social support reported significantly showed lower level of emotional adaptation than widows high in social support. And younger widows reported significantly poorer or showed lower level of emotional adaptation than older widows. The findings were discussed some implications of the finding were highlighted and suggestions made.

Introduction

Bereavement or loss through death is strikingly a common stressful phenomenon in Nigeria such that no day passes without at least one or more Nigerians dying in each village or town in Nigeria, Odili, (2000). This and many other situations constitute the many sources of stress that plague the lives of many Nigerians.

Widowhood or spousal bereavement is particularly stressful for widows, who are often marginalized and subjected to a lot of painful, humiliating and dehumanizing experience following the deaths of their husbands. The Ndoni widow in Rivers State is under a lot of stress characterized, for instance, by weeks of confinement in a house before and after burial, performance of several traditional rituals of mourning at specified periods including shaving off of her hair. In some cases, she is deprived or dispossessed of her husband's property and treated as if guilty of the death of her husband. The widow continuous to grieve and cry often out of dread of demands of the widowhood process. There is dread of the late husband's relatives (such as the Umu-Ada, meaning the widow's sisters-in-law) as the "powerful others" in the circumstances Ego, (2001).

According to Madu, (2000) the mourning period is an opportunity for any member of the husband's family who has been aggrieved at some point by the behaviour of the widow in the past, to get even. For instance such persons are free to scold her, on the pretext that she did not treat the husband well when he was alive. In fact, widowhood is a period of great stress for the widow with no clear guidance on

meaningful behaviour, a period of great mourning and lamentation, with several demands made on the widow, which could tax her adaptive resources.

Stress and Human Life Adaptable

The fundamental problem in any investigation of stress is definition of the concept. Stress has been defined in many ways. According to Golden, (1990), stress refers to those situations and conditions of life which place individuals under some pressure, involving some adjustment in their behaviour. Stress can cause changes, which are unpleasant, sometimes maladaptive and often associated with physical damage. The most popular and widely accepted definition of stress is that of Selye, (1956) who worked patiently and painstakingly for over fifty years to establish the scientific basis for the study of stress.

According to Muyewa, (2002), stress involves non-specific response of the body to any demand made upon it.

His concept of stress has a connotation of adaptation and coping. It is anything that makes one adjust, adapt, cope or change is stress. Stress is the price we all pay for the struggle to stay alive and it has been aptly said that to be alive is to be under stress. It (stress) is a burden or load under which a person survives or cracks, and it occurs when an individual has been burdened with demands exceeding his potential ability for adaptation.

It may be pertinent to state that stress is not necessarily an evil or bad thing. Some stress is necessary to bring out the best in us and cannot be completely avoided. Marcus, (1998) observed that total absence of stress in a person's life will lead to disastrous effects which are ironically referred to as derivational stress. Without stress, the accompanying motivations and striving to accomplish life ambition and conquer the environment become illusive. Life may not be worth living at all. Nweze, (1995). Stress is distinguished into distress and eustress if the precipitating stimulus events are negative or positive respectively. Stress is a normal component of life and in mild to moderate degree may be helpful as constructive force, which mobilizes our resources to achieve effectiveness and well-being.

These beneficial or constructive stresses have been designated as eustress. Marcus, (1998). As a life experience, stress is basic to human adaptation and organismic survival. At the level of individual process analysis, stress acts as an energizer that mobilizes our energy resources to adapt and cope with challenging environmental pressures. Nweze, (1984).

Although emotion (love, joy, anger, frustration) gives texture and meaning to our lives, emotional stress if severe or prolonged, can take a harsh toll on the body. This harmful and damaging stress has been designated "distress" Ego, (2001). In most cases, chronic and severe stress may contribute to disease. According to Ezeilo, (1995) suggests that stress is the common factor in all the physical and mental health problems. Attempts to adapt to the continued presence of a stressor may deplete the body's resources and make it vulnerable to illness. Chronic or

prolongs stress can impair the immune system, decreasing the body's ability to fight invading bacteria and viruses. Indeed, stress as part of human daily life has gained credibility as a cause of almost any negative psychological or physical state and as an explanation for nearly all the physical ills that people report Musa, (2000).

The "popularity" of stress, in part, is due to its central role in a person's reactions to environmental pressures, demands, and threats. Periods of stress and crisis present individuals with increased demand on their physical, psychological and social resources. There is clinical evidence that such demands can exacerbate and perhaps even precipitate both psychological and physical breakdown for some individuals Muyewa, (2002). When an individual is placed in a situation in which some threat or danger is present or in which demands may over-whelm his ability to adapt or cope, a number of biological and psychological changes occur, behaviour is altered, and, in some cases health is affected. These changes occur for instance when people are faced with the death of loved one, placed in a demanding job with little control, or presented with major life changes. People experience and exhibit many of these changes and tendencies to become ill. Stress is the process by which this occurs – by which external events are translated into psychological and biological changes, and, ultimately, into health consequences Odile, (2000). One might be right to say that as much as 80 percent of all diseases today may have their origin in stress, making stress illness much more prevalent than the infectious diseases which dominates the world in earlier times. In fact stress can be viewed as a disrupter of human adaptive functions Nweze, (1995). Stress is now known to relate to such illness as hypertension, pepticulcer, cancer, stroke, heart disease.

Psychosomatic disorders in general emphasize the causative role of stress and of psychosocial factors.

The present study is concerned with stressful life adaptation. One of the research leads in stress/illness studies is that of life events Nweze, (1995). Life events have been conceptualized as those life experiences which requires change or adaptation on the part of the individual Golden, (1990); and have been conceptualized as contributing to the stress that leads to psychopathology.

They are typically defined as experiences that cause the individual to substantially readjust his or her behaviour pattern. According to Nweze, (1984) life events referring to significant changes occurring in a person's lifetime has been associated with stressful life experience that exacerbate physical and mental illness.

So on the whole, stress may be viewed as a particular pattern of disturbing psychological and physiological reactions that occur when an environmental event threatens important motives and taxes one's ability to cope Anakwe, (2004). One instance of stress, which could precipitate a cluster of disturbing psychological, physical/physiological and social responses as well as imposing certain demands on the individual, which could tax or overwhelm his or her ability to cope or adapt, is the stress of bereavement (especially spousal bereavement).

The main purpose of this research is to determine the role of social support and age in emotional life adaptation among widows in the university setting.

To facilitate the investigation three hypotheses were formulated.

H₀₁: There will be no significant differences in the emotional adaptation scale between widows and non-widows.

H₀₂: There will be no significant difference in the emotional adaptation scale of widows with high and low social support.

H₀₃: There will be no significant difference between older widows and younger widows in emotional adaptation.

Method

Research Design

The expose fact design was used in the study. This is because the study compares the performances of two types of groups.

The Sample for the Study

The sample consisted of 282 women. That is 137 widows and 145 non-widows, all from the Universities in the north-central zone of Nigeria.

Method of Data Collection

The instruments used in the study was the Emotional Adaptation indicators scale and the social support questionnaire developed by the researcher was scrutinized and validated by experts in the field and were found suitable. The researcher also used test/post-test reliability tests. Just to make sure that the instruments are adequate.

Method of Data Analysis

In analyzing data collected the researcher made use the mean, standard deviation of the various groups and a none-way ANOVA.

Results

Hypothesis One

There will be no significant difference in the emotional adoption scale between widows and non-widows.

Table 1: Mean scores and standard deviations of widows and non-widows on the Emotional Adaptation scale.

Emotional Group	Adaptation X	Scale SD
Widows	68.30	16.77
Non-widows	84.15	7.59

The lower the score, the poorer is the level of emotional adaptation and the higher the score, the superior or more positive is the level of emotional adaptation.

Table 2: A summary table of one-way ANOVA showing the differences between widows and non-widows on Emotional Adaptation Scores.

Source of variation	Sum of squares	DF	Mean	F Square
A(spousal status)	17637.01	1	17687.01	106.43
S/A (Error)	46532.21	280	166.19	
Total	64219.23	281		

P < .001

Ho₂: There will be no significant difference in the emotional adaptation scale of widows with high and low social support.

Table 3: Mean scores and standard deviations of the various groups of widows on the high and low social support.

Group (widowed sample)	X	SD
High social support	79.47	8.15
Low social support	57.29	15.77
Younger	60.47	18.03
Older	76.48	10.32

The table shows the mean scores and standard deviations of the various groups of widow (high and low social support, younger and older groups on Emotional Adaptation Scale). As the table clearly depicts, widow low in social support had a lower mean score on the Emotional Adaptation scale than widows high in social supports. This indicates that widows low in social support have poorer emotional adaptation than widows high in social support.

Similarly, the younger widows had a lower mean score on the Emotional Adaptation Scale than the older widows. This indicates that the younger widows have poorer emotional adaptation than the older widows. The lower the score the poorer the level of emotional adaptation and the higher the score the superior or more positive the level of emotional adaptation.

Ho₃: There will be no significant difference between older widows and younger widows in emotional adaptation.

Table 4: A summary of social support and age analysis of variance on the Emotional Adaptation Scores.

Source of Variation	Sum of Squares	Df	Mean Square	F	P
Social support A	2635.29	1	2635.29	55.12	.001
Age B	6961.38		6761.38	141.42	.001
A X C	537.85	1	537.83	11.25	.001
Error	6167.56		129	47.81	
Total	38232.50	136	281.12		

.P < .001

As shown on the table an analysis of variance of the emotional adaptation scores revealed that one out of the two-way interaction effects were statistically significant. An analysis of variance revealed significant group differences on the Emotional Adaptation Scale. Widows high in social support differed significantly from widows low in social support in emotional adaptation. This result rejects the third hypothesis. It also reveals that there is interaction effect between the role of social support and age on emotional adaptation.

Discussion

Results of the study disagree with the first hypothesis, which predicts that there will be no significance difference between widows and non-widows in emotional adaptation. Result indicates that the non-widows reported significantly superior or higher level of emotional adaptation than the widows. In other words, the widows had a poorer or lower level of emotional adaptation as compared to the non-widows. This findings is consistent with several previous findings reported in the literature such as Jacobs and Kim, (1990), Musa, (2002).

For instance, Jacobs and Kim, (1990) found that the bereaved widows in their study obtained professional help for emotional problems (e.g. depression, anxiety) and the more social difficulties in comparison to the control group (non-widows). According to Musa, (2002) emotional difficulties are clearly those, which differentiate most consistently between the bereaved and the control groups. They reported that one widow in every eight has consulted her physician to seek treatment for depression, over and above any help she may have sought to enable her manager her grief.

Musa and Colleagues found that 29 percent of the widowed population studies met the DSM-III criteria for major depression, with 32 percent of the sub sample depressed at 6 months and 27 percent depressed at 12 months. Anakwe, (2000) also found that other indicators of poor emotional adaptation such as insomnia anxiety, nervousness, persisting fears and nightmares are reported more by widows than by non-controls.

It is possible to interpret the poorer level of emotional adaptation reported by the widows as an indicator or reflection of their feeling of higher level of stress, as compared to the non-widows. In other words, the poorer level of emotional adaptation reported by the widows indicates that they (widows) feel under greater stress than the non-widows.

It is not surprising that the widows reported a poorer level of emotional adaptation (indicating that they feel under greater stress), as compared to the non-widows, given the widely held view that stressors of various kinds (e.g. death of spouse) can tax the adaptive capabilities of individuals to the point that they develop psychological symptomatology. Widowhood has been consistently viewed as a period of great stress for the widow, associates with risk of psychological distress or breakdown. The present finding of poorer or lower level of emotional adaptation reported by the widows as compared to the non-widows seems to corroborate this view. Since widowhood is associated with risk of emotional or psychological distress or breakdown, it seems reasonable to suggest that widows should pay careful attention to their psychological health status particularly during the first year of widowhood. Grief has been shown to affect the pituitary – adrenal axis and lead to hyper-secretion of cortisol, causing suppression of immune response and resulting in increased susceptibility to illness or poor psychological and physical health symptomatology which doesn't orgor well with learning. This could account for the reasons why the widows used in this study reported significantly lower or poorer level of emotional adaptation. It seems therefore of paramount importance to provide clinical services for the widows to enable them cope with the stress of spousal bereavement. Counseling the widows to engage in stress management programmes (such as relaxation exercise), take proper rest, good diet, routine exercise will help ensure good psychological health during bereavement if they are to do well in school.

From the foregoing, one can explain the poorer level of emotional adaptation, reported by the widows as compared to the non-widows within the framework of stress theory. This theory (stress theory) views major life event such as: conjugal bereavement as stressful and important in creating conditions for various emotional or psychological difficulties or dysfunctions. No wonder spousal bereavement has been listed as the number one stressor on life event assessment inventories.

On the other hand, the superior emotional adaptation has been listed as the number one stressor on life event assessment inventories.

On the other hand, the superior emotional adaptation reported by the non-widows as compared to the widows evident in this study may be explained by the fact that women tend to build their social identities around their husbands.

This is particularly symbolized by their taking of the husbands name at the time of marriage. When a woman's husband dies, there is a greater disorganization of her emotional and social world, since her self-esteem, and social identity have long been associated with the marriage. Her life style, social self and self esteem, are usually radically changes by the loss of her spouse. No wonder then the loss of a husband is viewed as the most common type of relationship dissolution giving rise to emotional or psychological difficulties.

The results of this study further showed that widows low in social support reported significantly poorer or lower level of emotional adaptation than widows high in social support. This result is in support of the second hypothesis, which states that there will be a significant difference between widows high in emotional adaptation. The poorer or lower level of emotional adaptation reported by the widows low in social support can be interpreted as an indication that they strive or feel under greater stress than widows high in social support.

This result seems to emphasize the stress-moderating role of social support.

Social support has been hypothesized as a protective resource that moderates responses to stress and facilitates adaptation to stressful situations. Generally, the finding of this study is in harmony with the ideas expressed in bereavement literature, which stress the importance of supportive relationships in overcoming the crisis of conjugal bereavement. As earlier indicated, a reading of bereavement literature suggests that social support which is both structurally and functionally adequate in all phases of the bereavement crisis is necessary in order to achieve a satisfactory emotional adaptation. A lack of social support can hamper the mourner in all areas of adaptation Bankoff, (1983).

The finding of the study is in accord with previous research Musa, (2001) and Malu, (2003) stressing the importance of social support in mitigating the harmful effects of life stress and in serving as a means to more effective adaptation to life stress. Social supports are credited for reducing the impact of problems ranging from complication in pregnancy and birth to difficulties in adapting to widowhood. Abayomi, (2000) has noted consistent trends that indicates a greater impact of high levels of life stress when social supports are low as opposed to when social supports are high. According to Clark, (1986) stress is positively associated with psychological symptomatology under low levels of social support, but unassociated (or less strongly associated) under high levels of social support.

The superior adaptation reported by widows high in social support as compared to widows low in social support should be expected in view of the numerous salutary effects asserted to social support. For instance, Clark, (1986) has argued that individuals who receive support will develop greater self confidence and feelings of autonomy and are therefore more likely to make attempts to control and modify their environments. With reference to informational support for example, social support network members could provide information regarding access to clinical services or information, regarding the benefits of behaviours that positively promote health status and adaptation.

The finding that younger widows reported significantly poorer level of emotional adaptation than the older widows is consistent with previous findings. Musa (2001) and Abayomi (2000), which showed that younger widows had more emotional distress and consulted their physician for emotional problems more frequently than the older widows. They (younger widows) tended to rely more on drugs to counter their emotional distress than to older widows.

It is also in harmony with Balarebe, (1999) who found greater health deterioration in younger widows. It may be suggested that the poorer level of emotional adaptation reported by the younger widows could be due to the fact that the stress of widowhood is more threatening to them, since they have more to lose given that most of their long term marital goals, plans, hopes, dreams, aspirations and expectations have not been fulfilled or realized. Most of these younger widows married very early (a practice that has been in vogue in Igbo land for some time now), with limited or no educational training, and very low income. In addition, they have very tender children to train and support and with very unsatisfactory and unhelpful social support networks to anchor or hang on. It is to be observed that most of the younger widows used in this study reported that they have very unhelpful support network are irritating, intrusive, "demanding" and offer help that comes with strings attached. There is considerable evidence to suggest that when left to their own devices, others often make support attempts that are judged to be unhelpful by the recipient, such unhelpful supports increase the feeling of emotional stress rather than counteract it.

Furthermore, for many of these younger widows the deaths of their husbands were not in any way anticipated (because there was no advanced warning of death) since their husbands were mostly victims of sudden death, motor accidents, armed robbery attacks and assassinations. Perhaps, this could suggest some lack of emotional preparation for their marital bereavement. In addition, unlike the older widows, these younger widows have fewer peers (or similar others) with whom to share their feelings.

It is also possible that younger married women make a lot of emotional investment on their husbands. They seem to have deeper emotional attachments towards their husbands than older married women (who appear to shift their emotional investment partially or wholly from their husbands to their children). For the younger women, their husbands serve as their principal love object, which take care of their emotional needs.

Losing their husbands through death at such a younger period of life would therefore cause them some emotional trauma and agony. They require to do a greater deal of grief work in order to withdraw the emotional investment deposited on their dead husbands, and doing such a grief work is born physically and emotionally draining.

It is possible to attribute the superior emotional adaptation reported by the older widows as compared to the younger widows to a number of factors:

1. A good number of the older widows have wealthy and supportive grown up children, sons in law etc. on whom they could count or rely on for both emotional and material support. As earlier indicated, one of the most consistent findings in the clinical and empirical literature is the salience of the mourner's perception of social support. If the mourner perceives the

world as providing support for mourning, that perception is an extremely positive factor Rando, (1993).

2. The older widows may have encountered or experienced more bereavement or death situations than the younger widows and as a result may have developed some effective coping strategies that enable them adapt to the stress or bereavement.

In fact, it is obvious that those people high in social support should be more skilled at providing for their own psychological needs and, as part of this effort, would construct a better network of supportive relationships. The trend in this study seems to corroborate these findings and assertions.

Conclusion

On the whole, the study represents an effort at exploring and documenting information, relating to the roles of social support and age in facilitating the emotional adaptation of windows. Despite the fact that widowhood is an ever-increasing phenomenon in the Nigerian culture from the study it is now obvious that attention should be paid to the plight of windows especially those in the universities because if they suffer and go through all these emotional strain especially the younger widows then for sure their academic work at school will surely suffer. Widows in Nigeria should be properly supported in order to help them regain their position in the society.

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